

Medicaid Administrative Claiming Local Health Jurisdiction Frequently Asked Questions

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Duty Statements / Job Classifications

1. **Is the duty statement required to be submitted annually?**
 - a. No. A duty statement must be developed for each job classification before any employee in that classification can participate in the program. The duty statement must be updated to reflect any changes in the work duties of the job classification, or of subsets of staff within it.
2. **Is the duty statement required to be on file?**
 - a. Yes, a current duty statement must be on file for all job classifications of staff participating in MAC.
3. **Can we use the existing duty statements, or do we need to use the ones submitted last fall?**
 - a. Any duty statement may be used as long it was developed as directed in the Manual.
4. **Can multiple job functions be covered in one duty statement, or must each function be a separate statement** (i.e. a nurse classification may work within many programs, but each individual nurse may not)?
 - a. Yes, multiple functions may be listed in one duty statement. The duty statement must be developed as directed in the Manual.

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Training / Training Materials

1. **When can coordinators register for fiscal and/or other training?**
 - a. The sign up function will be available in May.
2. **Are the RMTS and Fiscal coordinator required to complete implementation training?**
 - a. Yes. All staff participating in the program must complete their respective trainings.
3. **When is the online training available?**
 - a. All annual online trainings will be available in November. RMTS and Fiscal coordinator online trainings will be available when training registration opens.
4. **When must the in-person training be completed?**
 - a. In-person training must be completed for all staff *prior* to participating in the program.
5. **Who must provide the in-person participant training?**
 - a. HCA uses a train-the-trainer model and provides in-person training to the coordinators. Coordinators must provide in-person training to participants.
6. **What is a train-the-trainer model?**
 - a. HCA trains the coordinators who then become the trainers for participants.
7. **How long must the in-person participant training be?**
 - a. There is not a time requirement. Training should be sufficiently detailed that participants have a clear understanding of the program, the rules, the time survey activity codes, and how to participate.
8. **Can the in-person participant training be one-on-one or in a group setting?**
 - a. The in-person training can be provided in either format.

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- 9. Is there a PowerPoint that coordinators can use for the in-person participant training?**
- Yes, a basic template that mimics the coordinator training is available on the Admatch/URMTS website. (The Admatch website will be archived once all invoices through March 31, 2015 have been processed and paid.)
- 10. Are coordinators required to use the PowerPoint for the in-person participant training?**
- No. Coordinators may use any training materials that HCA has approved, such as the participant or coordinator PowerPoints, the official activity codes from the Cost Allocation Plan, and the Activity Code Quick Reference Guides. Coordinators may not create their own training materials.
- 11. What should coordinators cover during the in-person participant training?**
- The coordinator training is a good outline to use. Participant training should include an overview of the program and why they are participating, program rules, activity codes and documentation, the client ID (if the client-based MER is used) and where to find additional resources.
- 12. How is the in-person participant training different from the online participant training?**
- The in-person training is required only during implementation or for new participants. In-person training of new participants must include an overview of the program and specific information on the appropriate use of the activity codes. Online training is required annually and covers specific and detailed information.
- 13. Where can training materials be found?**
- Only HCA approved training materials may be used. You can find them on the Admatch/URMTS or HCA websites. (The Admatch website will be archived once all invoices through March 31, 2015 have been processed and paid.)
- 14. Is a training roster required?**
- Yes. All in-person trainings must be documented.
- 15. Where must the training rosters be stored?**
- The rosters are uploaded to the Admatch/URMTS website. (The Admatch website will be archived once all invoices through March 31, 2015 have been processed and paid.)
- 16. Is there a certain format that must be used for the training roster?**
- A certain format is not required; however the participant name and signature, training date, and LHJ name are required. A template is available on the Admatch/URMTS website. (The Admatch website will be archived once all invoices through March 31, 2015 have been processed and paid.)
- 17. How will the coordinator monitor online participant training?**
- Participant's current training status can be viewed under "training progress" in the URMTS.
- 18. Can the RMTS code quick reference guides be updated with program specific information?**
- Yes. These training materials should reflect the business needs of the LHJs. Please contact HCA with comments or suggestions.

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Consortia

- 1. Who are the lead agencies for each consortium?**
 - a. The lead agencies are identified at the beginning of each year. Please review the consortium list to verify which LHJs are the lead agencies for a specific period of service.
- 2. Where can we find the list of lead agencies for each consortium**
 - a. The list is created by WSALPHO, and submitted to HCA for approval. Approved consortium lists can be found on the Admatch/URMTS website. (The Admatch website will be archived once all invoices through March 31, 2015 have been processed and paid.)
- 3. Is there a map of the consortiums state identified by county and lead agency?**
 - a. There is not currently a map. WSALPHO is working on developing one.
- 4. Can members within a consortium view the RMTS of other members in the same consortium?**
 - a. No, but this is a feature that might be considered.

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Random Moment Time Study (RMTS) / Statistical Validity

- 1. What happens if an LHJ within a consortium terminates its MAC contract?**
 - a. To terminate for convenience, the LHJ must provide fifteen (15) business days written notice to HCA before the beginning for the next calendar quarter. Any outstanding moments will be coded by the WSALPHO LHJ Steering Committee.
- 2. Is there a timeline to complete the 100% code review?**
 - a. Yes, you have 45 business days to complete the review, but it is recommended you complete the reviews weekly or on a regular basis.
- 3. How long does the vendor have to complete the quality assurance sample review?**
 - a. Ten business days.
- 4. What happens if code review is not completed within 45 business days?**
 - a. The LHJ(s) will be subject to corrective action.
- 5. Can other members of the consortium generate invoices if one LHJ has not completed the code review?**
 - a. No, all code reviews of the consortium's RMTS must be completed in order for any member LHJ of the consortium to create an invoice and submit the A19 for reimbursement. .
- 6. Will corrective actions apply across the consortium?**
 - a. It is possible that a corrective action plan may be applied to a whole consortium. However, most corrective actions would apply to an individual LHJ.
- 7. What is the 85% participation rate based on?**
 - a. At least 85% of all moments must be completed by the participant. This is a federal requirement of statistical validity and required by the Centers for Medicare and Medicaid Services (CMS).

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8. **Is the 85% participation rate per LHJ or per consortium?**
 - a. The 85% applies to the RMTS as a whole, therefore it is per consortium.
9. **Staff with flexible or part time schedules end up using the unpaid time off code (code 14C) a lot. Is this a problem?**
 - a. It is important to enter the participant's work schedule as accurate as possible in the RMTS. (Important to reconcile paid time off vs flex time. Code 16 does not affect the validity of time survey. It is most important that the moment was completed within the time frame).

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System / Technical

1. **Will the new system code RMTS moments in the background?**
 - a. No, participants must select an activity code after writing a narrative description of their activity.
2. **Will the job categories in the system be updated to match the job classifications in the CAP?**
 - a. No, job categories are not part of the URMTS system. The categories are high-level groupings of many similar job classifications.
3. **How are the job categories used in the staff upload?**
 - b. The job categories are not part of the staff upload. A job classification must be listed for each participant in the upload, and the classification must fit within the list of HCA approved job categories (which is a high-level grouping of many similar job classes).
4. **Will RMTS reports and data in the system be provided in "real time" starting on April, 1 2015?**
 - a. Yes. The LHJ coordinators will have access to real time data in the system beginning with the April 2015 quarter. The information can be accessed in a variety of ways ("surveys" page, "progress" page, code review page etc.). Additional information can be found in the URMTS training and the manual
5. **Which browser should be used to access the system?**
 - a. For the best experience, using fully updated IE10+, Firefox, or Chrome is recommended. The system also supports Internet Explorer 8+.
6. **When will system "timeout" or lock before I finish my moment?**
 - a. The system times out after 15 minutes of inactivity.
7. **Are there options in the new system to adjust staff calendars, especially when staff are on leave?**
 - a. Yes, non-working days can be updated for each participant in on the Users page. Calendars must be updated prior to the quarter. Once moments are generated, the calendar cannot be updated and the participant will continue to receive moments randomly during working days. The Manual provides detailed instructions for creating calendars.
8. **What should I do with staff that are no longer employees, but are still listed as participants?**
 - a. Participants who are no longer employed should be marked as inactive in the URMTS. The Manual provides detailed instructions on how and when to inactivate participants.

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9. What is the process for entering annual holidays?

- a. Individual calendars can be updated on the Users page. The Manual provides detailed instructions.

10. Where can I find instructions for entering annual holidays for individual staff, and for all staff?

- a. The Manual provides detailed instructions for creating calendars.

11. Are there any changes in the number of moments a person will receive?

- a. The number of moments issued for each RMTS is the same. However, the number of participants within the RMTS may fluctuate from quarter to quarter. The average number of moments per participant is dependent on the number of people participating in the RMTS. There is a chance a participant may receive more or less moments than they had in the past. Some consortia have more participants than others; the average number of moments per participant will differ from one consortium to the next.

12. Can codes be customized for certain users?

- a. No, coordinators must ensure participants are trained and fully understand the activity codes.

13. Do non-SPMP staff have access to SPMP codes?

- a. No. Non-SPMP do not have access to the SPMP codes. Only participants designated as qualified SPMP will be able to use the SPMP codes.

14. Will both websites continue to be used?

- a. Yes, both the Admatch and the URMTS site will be used in the near term. Once all invoices through March 31, 2015, have been processed and paid, the data on Admatch will be archived. Any data linked to the new CAP (the April-June 2015 quarter and forward) will migrate to the URMTS system.

15. When will Admatch (old site) be taken down?

- a. Once all invoices for periods of service through March 31, 2015 have been processed and reimbursement issued. This will likely be late summer.

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Supervisor / Code Reviewer

1. Where can I find a list of supervisors and code reviewers?

- a. The list of users on the User page can be exported to view the supervisors and code reviewers by looking at the "direct supervisor" and "direct code reviewer" field.

2. What's the difference between a code reviewer and a supervisor in the system?

- a. A code reviewer can access coding information on the participants they are assigned to review. The RMTS supervisor is a level above the code reviewers, and can view the coding activity of all the code reviewers they manage.

3. Can supervisors have code reviewer responsibilities?

- a. Yes. The supervisor may delegate coder reviewer duties to another staff member.

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4. **Can code reviewers see the training reports to verify if staff have completed online training?**
 - a. No. Only the designated supervisor or coordinator can view the training progress.
5. **How do I determine which staff should be included in the RMTS?**
 - a. Staff who are reasonably expected to perform MAC activities may be eligible to participate. The employee's costs cannot be 100% federally funded and other criteria apply. The Manual provides detailed instructions on selecting staff to participate in the MAC program.
6. **Can SPMP staff participate in the RMTS as a non-SPMP if they fail to complete the SPMP online training?**
 - a. Yes, as long as all mandatory training is completed.
7. **Can more than one person be assigned as a code reviewer?**
 - a. Yes,
8. **Is there a way to assign someone as a backup RMTS coordinator?**
 - a. There is not currently, but this feature will be added.

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Coding Situations

How should the following situations be coded?

1. **Where would staff code their moments for ACA work?**
 - a. Please reference the RMTS Code Quick Reference guides for Outreach (Code 1a and 1b) and Facilitating Applications (Code 3a and 3b). The non-Medicaid ("a") codes should be used when the activity is providing information or assisting an individual in accessing private health care coverage through the HealthPlanFinder. The Medicaid ("b") codes should be used when the activity is providing information or assisting an individual in accessing Medicaid coverage through the HealthPlanFinder.
2. **Family planning services.**
 - a. Please reference the RMTS Code Quick Reference guide for Direct Medical Services (Code 5). Any direct patient care provided as part of family planning service that is billable to Medicaid or commercial insurance should be reported to Code 5. Activities that are integral to these services (such as ordering new supplies of contraceptives, charting, or scheduling appointments) should be reported to Code 5.
 - b. Referring for services or arranging transportation for *non-billable* (Medicaid or commercial insurance) services should be reported to the appropriate referral and transportation codes. Please see RMTS Code Quick Reference guides for Referral, Coordination and Monitoring (Code 10a and 10b) and Arranging Transportation (Code 6a and 6b).

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Coding / Writing Narratives

3. **How specific should staff be in their narratives?**
 - a. Narratives should provide enough detail that a third party can determine why the particular code was assigned. . The narrative should include a “what”, a “who”, and most importantly, a “why” or “how come” the activity was performed
4. **Can activity codes be changed after a participant completes their moment?**
 - a. Yes, only by a coder reviewer. The participant cannot change either the narrative or the code once they have certified the moment.
5. **How detailed should the narrative be for non-MAC activities?**
 - a. All activities should have the same level of detail. Narratives should provide enough detail that a third party can determine why the particular code was assigned.
6. **How detailed should the narrative be for direct services work?**
 - a. All activities should have the same level of detail. Narratives should provide enough detail that a third party can determine why the particular code as assigned.
7. **Should activities be coded based on the purpose of the activity?**
 - a. Yes, the participant’s narrative should include a “what”, a “who”, and most importantly, a “why” or “how come” the activity was performed. The participant would select the code that most closely matches the narrative.

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Code Review Process

1. **Can moments coded to 99 be reviewed at the end of the quarter?**
 - a. Yes. A reviewer can check non-completed moments that been assigned to Code 99 against payroll records to verify if the participant was on paid or unpaid time off
2. **What should I do if the narrative provided by staff is insufficient?**
 - a. Code reviewers may ask the participant a clarifying question if the narrative does not provide enough information to support the code assigned by the participant.
3. **Is there a process for changing/correcting codes?**
 - a. Yes, please see the Manual for detailed instructions on the code review process.
4. **Is it necessary to know the Medicaid status or eligibility of a client when doing code review?**
 - a. No.
5. **If a participant’s narrative is vague, but I know their workload, can I complete the code review based on my knowledge of their job?**
 - a. No. Code reviewers may only make corrections based on information provided by the participant. A clarifying question should be asked to request additional detail and to ensure there is an audit trail.
6. **Can I consider Molina as Medicaid when completing the code reviews?**
 - a. No, however Medicaid does offer a Molina plan and a clarifying question should be asked to request additional detail and to ensure there is an audit trail.

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7. **Can I change the wording of a narrative during code reviews?**
 - a. No, once a participant certifies the moment, the narrative is locked.
8. **How often should I complete the code review process?**
 - a. You can perform code reviews as often as you like. It is recommended that you complete the review at least weekly. 100% code review must be completed no later than 45 business days after the end of the quarter.
9. **Is there a certification once the 100% code review is complete?**
 - a. Yes, you no longer need to send a separate email to HFA.

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Clarifying questions

1. **Will the clarifying question be copied to all code reviewers or only the reviewer asking the question?**
 - a. The question and response will be documented in the URMTS system as part of the participant's moment. Anyone with code review access for that participant can view the question and response.
2. **Can more than one clarifying question be asked?**
 - a. No.
3. **What should I do if the response to a clarifying question is still insufficient for determining an activity code?**
 - a. Select a code that best fits the information that you were provided, and document why that code was selected.
4. **Can the code reviewer add additional details using the comments box?**
 - a. Yes, such as clarifying acronyms or verifying a meeting was a weekly all-staff meeting.
5. **How long does a code reviewer have to ask a clarifying question?**
 - a. All code review must be completed no later than 45 business days after the end of the quarter. It is recommended that code review occur regularly, such as daily or weekly.
6. **Can code be finalized if a response is never received for a clarifying question?**
 - a. Yes, select a code that best fits the information that you were provided, and document why that code was selected.
7. **Will there be an email option within the system to send clarifying questions, and receive the responses?**
 - a. Yes, the question and response will be sent using the URMTS system.
8. **Does the code reviewer make the final determination for coding a moment?**
 - a. Yes.
9. **What is HFA's role in reviewing moments?**
 - a. HFA reviews a 10% sample of all moments to validate the accuracy of the coding. If there is disagreement, HFA will make a coding recommendation but the LHJ will be responsible for choosing the final code.

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10. **What is HCA's role in the 10% validation?**
 - a. HCA will review the 10% validation performed by HFA.
11. **Is the clarifying question limited to a certain number of characters?**
 - a. No.
12. **Can I use the response to a clarifying question to code other similar moments for the same participant?**
 - a. No, you must ask a new clarifying question each time so that it is clearly documented for each moment.

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Medicaid Eligibility Rate (MER)/Client ID

1. **Is it still necessary to prepare a client list for the MER File?**
 - a. Yes, if your MER proposal includes the use of client or clinic-based MER, the process for preparing the client/patient list remains the same.
2. **If I serve an individual who is in ProviderOne, but the LHJ does not have a record for the client, can they be included in the MER client file?**
 - a. No. Only clients that the LHJ have on file, in a database/record keeping system, can be included in the MER client file.
3. **Are the MERs updated quarterly?**
 - a. Yes.
4. **When is the MER Proposal Due?**
 - a. 30 business days prior to January first.
5. **What is a RAC code?**
 - a. Recipient Aid Category. It identifies the type of Medicaid eligibility for each enrollee, and the covered benefits.
6. **How do I find out what my client MER is?**
 - a. All MER reports for the quarters through March 31, 2015 are on the Admatch website. MER reports for the period beginning April 1, 2015 are in the URMTS system. (The Admatch website will be archived once all invoices through March 31, 2015 have been processed, paid and reconciled.)
7. **How do I find out what my modified county-wide MER is?**
 - a. All MER reports are available on the URMTS site. You do not need to prepare a client/clinic MER file for the county-wide MER; it is automatically calculated by the vendor using data from HCA's ProviderOne system and census tract information.
8. **How is the client-based MER calculated and what data sources are used in the calculation?**
 - a. The client based MER is calculated by dividing the total number of clients served within the LHJ budget unit who are enrolled in Medicaid by the total number of clients served within the LHJ budget unit. The URMTS system completes this process. The data sources used in the calculation are provided by LHJ, and must comply with the Manual.

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9. Is the client-based MER calculated for the LHJ?

- a. Yes, the vendor formats the LHJ's client data and submits it to ProviderOne. ProviderOne returns a report verifying which clients were enrolled in Medicaid. The vendor converts the information in the report into the percentage used for the MER. The LHJ is required to prepare the client file that the vendor uses to complete the MER calculation process.

10. Will the modified county-wide MER remain the same for each quarter?

- a. No, all MERs will be calculated based on data from the quarter that is being invoiced.

11. Will we be able to see each of the MERs?

Yes, once calculated, each MER will be available for view within the invoicing section of the URMTS.

12. Why does a client ID need to be reported on an RMTS?

- a. To support the use of a client based MER in the invoice.

13. Can client ID numbers such as the Provider One or WIC number be used?

- a. Yes, any client ID number may be used as long as it originates from a database/record keeping system included on your annual MER proposal and is used to prepare your MER client lists.

14. Can an internal client ID number such as a registration or chart number be used?

- a. Yes, any client ID number may be used as long as it originates from a database/record keeping system included on your annual MER proposal and is used to prepare your MER client lists.

15. Is the client ID required by CMS?

- a. The client ID is the method used to comply with the CMS documentation requirements for the client-based MER is used.

16. If we're using a client-based MER, which codes require a client ID?

- a. 6b, 7b, 7d, 10b, 12b

17. Must the client ID be entered when the participant answers a moment?

- a. For LHJs that use a client MER, the participant must enter a client ID prior to submitting the moment for activity codes 6b, 7b, 7d, 10b, 12b. The client ID may only be entered when the activity was for a client that the LHJ collected and stored personal information in a client database/record keeping system.
- b. Code reviewers may correct this field during the code review process if needed, including adding a missing client ID, or correcting an ID that was entered by the participant.

18. Must all staff within the LHJ use the same set of client IDs?

- a. No, LHJs may use different client database/record keeping system for different programs. Any client ID number may be used as long as it originates from a database/record keeping system reported on your LHJ's annual MER proposal and is used to prepare your MER client lists.

19. Will the client ID be unduplicated when the MER is calculated?

- a. Yes.

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20. Can the RMTS Coordinator access a report of all moments where a client ID has been entered?

- a. Yes, simply export the moments to excel from your coding queue. You can use this report to review the client ID as part of your quality assurance measures.

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Invoicing / Preparing the A19

- 1. Is the 120 day deadline for completing the 100% RMTS review or for submitting the invoice?**
 - a. Per the HCA MAC contract, the LHJ has 120 days to prepare and submit a completed invoice.
- 2. Will the LHJ be able to see the subcontractors' invoices (specifically the Total Computable and the FFP) in the URMTS?**
 - a. Yes.
- 3. Can fiscal staff enter expense/funding data into the web-based invoice at any time?**
 - a. Yes. Expense and funding information may be entered and saved before the RMTS results and MERs are ready.
- 4. What documents supporting the invoice should be kept locally?**
 - a. All source documentation, such as general ledgers, payroll data, and/or time sheets.
- 5. Can I print out the invoice?**
 - a. An updated version of the excel-based invoices will be released at the time the web-based URMTS is launched. LHJs may use the invoice to make sure the calculations in both are identical. At this time only the A19, the RMTS results summary, and the MER reports can be printed out.

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Reporting Expenditures/Costs

- 6. Can the costs of staff who are not in the RMTS be included in CP1 or CP2?**
 - a. Staff who provide supervisory or clerical support RMTS participants *may* be included in CP1 or CP2 under certain conditions. In general, these staff must directly support or supervise another staff already included in an RMTS. Additional guidance is available in the manual.
- 7. If a program or budget unit has no staff in the RMTS, where should those costs be reported?**
 - a. The LHJ may choose to report all costs of the LHJ on the invoice. If some of the costs are in budget units that do not have staff participating in the RMTS, the costs should be assigned to CP3.
 - b. If the LHJ has a documented process for allocating overhead/administrative costs between programs/budget units, the costs of programs/budget units that do not have staff participating in the RMTS maybe be excluded from the invoice, and their share of administrative and overhead expenses and other costs must also be excluded. However, in this option, the costs of an employee whose costs are direct charged may be included in the invoice.

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- 8. If a staff is hired mid quarter and will join the RMTS in the following, where should their costs be reported?**
 - a. These staff costs should be reported to CP3 or CP6, depending on their job classification.
- 9. If a new RMTS participant does not complete the required online training before the quarter starts, where should their costs be reported?**
 - a. RMTS participants that do not complete the online training by the cutoff date are removed from the RMTS and their costs are unallowable.
- 10. What “other costs” are allowable in CP1 or CP2?**
 - a. Only costs that are MAC related and are directly attributable to an individual staff such as travel, training, cell phones, paid parking etc. General costs should always be reported to CP6.
- 11. What is an example of an employee that would be assigned to CP3?**
 - a. A health educator that does not perform any MAC activities, staff in non- supervisory or clerical job classifications who were hired mid quarter (and will be included in the RMTS the following quarter), and/or relief nurses who only provide direct medical services.
- 12. Where should audit costs be reported?**
 - a. CP6.
- 13. Where should a health officer who is contracted out be reported?**
 - a. CP6.
- 14. If an administrative assistant solely supports SPMP staff, where should those costs be reported?**
 - a. If the SPMP staff are in the RMTS, and the organization chart clearly demonstrates the administrative assistant only supports the SPMP staff, those costs can be reported to CP1
- 15. How should staff who are paid through a grant that is direct reimbursement (a self-funded program in which the individual provider is reimbursed based on a percentage of dollars spent) be handled**
 - a. They should be removed from the RMTS and all expenses and revenue should be reported to CP3.
- 16. If the LHJ is billed by the county for certain indirect costs such as for risk management, where should that be reported?**
 - a. CP6.

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Reporting Funding

- 1. I have more funding than needed to cover the local match, where should I report that?**
 - a. You only report exactly the amount of funding needed to cover the local match. Excess funding should not be reported in CPA and should be reported in CP3.
- 2. Is it possible for the URMTS to automatically move excess funding sources to CP3?**
 - a. This idea is being explored.

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3. **Does it make a difference in the way I report funding if I use a cash or accrual accounting method?**
 - a. Both cash and accrual accounting methods are supported by the URMTS system and allowable in the MAC program. *Expenditures* must be actuals.
4. **How do I know which CP to assign federal funding that must be offset?**
 - a. The expense follows the purpose of the funding and the person (if known).
5. **How do I report a federal funding source that partially pays for MAC activities?**
 - a. The funding should be split out, and the portion paying for the MAC activity should be assigned to a MAC cost pool. If the funding supports staff in more than one cost pool, the funding can be assigned to CP6, where it will be allocated
6. **Is it possible for a set of common funding sources to be available in the URMTS?**
 - a. Yes, a master list of funding sources, with their BARS codes, is available in the URMTS system.
7. **Can carryover local funds be used in a subsequent quarter?**
 - a. Yes, and they must be tracked and appropriately offset.
8. **Who certifies the information entered into the web-based URMTS invoice?**
 - a. LHJ staff with signature authority to do so, likely the same staff who are currently certifying the MAC invoice.

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Indirect Cost Rate

1. **Can staff costs that are included in the indirect cost rate also be included in MAC invoice?**
 - a. No. Staff costs cannot be duplicated between the indirect cost rate and MAC program. Only the portion of the staff costs that are not included in the indirect cost rate may be included in the MAC invoice.
2. **If the county charges the LHJ an indirect cost rate, should this be reported to CP6?**
 - a. Yes.
3. **What is a cognizant agency?**
 - a. This is the federal agency from which the LHJ receives the most funding.
4. **If I don't use an indirect cost rate, do I need to do anything?**
 - a. No.

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Direct Charge

1. **How detailed must participants be when filling out the direct charge form?**
 - a. Narratives should provide enough detail that the activity and the time spent performing the activity would make sense to a third party.
2. **What if I cannot fit all my direct charge activities on the form?**
 - a. Multiple forms may be used.

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3. **Do I have to record each 15 minute increment as a separate line on the form?**
 - a. No. Each line entered would be for a separate activity. The time must be recorded in 15 minute increments (i.e. 1:00, 1:15, 1:30, 1:45)
4. **How do I know which staff are eligible to use the direct charge method?**
 - b. Only staff who perform a single MAC activity may use the direct charge method. The Manual provides detailed instructions.
5. **What training are direct charge staff required to complete?**
 - a. All new participants are required to complete in-person and online training. Online training is required annually.
6. **Are duty statements required for direct charge/single cost objective staff?**
 - a. Yes.
7. **What does direct charge mean?**
 - a. Direct charge is the method used for claiming the costs of LHJ staff or subcontractors (such as interpretation) who perform a single MAC activity (a single cost objective) during the quarter.
8. **Can staff be in the RMTS and also use the direct charge method?**
 - a. No.
9. **Does the paper direct charge form need to be submitted with the A19?**
 - a. Paper single cost objective documentation forms for Q2 2015 (April–September) must be completed and uploaded into the URMTS system. Beginning with Q3 2015 (October–December) this documentation will be integrated with the URMTS and completed electronically.
10. **Can the LHJ direct charge for the WSALPHO fees?**
 - a. Yes.
11. **As the RMTS/Fiscal coordinator, can I direct charge my MAC related travel and training costs even if I am in the RMTS?**
 - a. Yes, as long as duplication does not occur.

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Administrative Fees

1. **Can the HCA administrative fee charge to LHJs be included in the direct charge worksheet?**
 - a. No, this is an unallowable expense. HCA claims reimbursement for this fee from CMS.
2. **Where is the HCA administrative fee expenditure reported?**
 - a. CP3.
3. **How often does HCA charge an administrative fee?**
 - a. Twice each year.

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Offset

4. **If 100% of the costs of an employee are funded by a federal grant such as Children with Special Health Care Needs, can they participate in the time study?**
 - a. No. If they are in a program/budget unit whose costs will be included in the invoice, their costs would be reported to CP3.

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Certified Public Expenditure (CPE)/local match

1. **Are CPE Local Match Forms still required?**
 - b. Yes, certification of local match is required for each invoice. Paper CPE local match certifications for Q2 2015 (April–September) must be completed and uploaded into the URMTS system. Beginning with Q3 2015 (October—December) this documentation will be integrated with the URMTS and certification will be completed electronically.
5. **What is the CPE form and where can I find it?**
 - a. The CPE form is located on the HCA website and will be integrated into the URMTS site beginning 10/1/15. It is used to certify that the contractor (LHJ) has actually expended the amount requested for reimbursement and that the expenditures are allowable and eligible for reimbursement.
6. **How does the LHJ certify the expenditures of their subcontractor's invoice?**
 - a. Subcontractors do not certify their expenditures. Only the LHJ must comply with CPE and must certify the LHJ's expenditures.

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Cost Pools

7. **Who makes the determination of which cost pool a participant or cost is assigned to?**
 - a. The LHJ's Fiscal coordinator assigns costs to the appropriate cost pools. The RMTS coordinator is responsible for determining who will participate in the MAC program, whether they will be in the RMTS, whether they will be in the SPMP cost pool (CP1) or the non-SPMP cost pool (CP2), whether they will be direct charged, and whether their costs should be assigned to CP4 or CP5. Please see the Manual for instructions.

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Reconciliation

1. **Will the reconciliation methodology be approved before the fiscal training?**
 - a. Most likely not. The methodology must be developed, and then submitted to CMS for review and approval.

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2. **Who is responsible for completing the reconciliation?**
 - a. The CMS approved methodology will be integrated into the URMTS. Each LHJ is responsible for completing the reconciled invoices within the URMTS.
3. **Is it possible that the LHJs may receive money back?**
 - a. Yes. It is also possible that the LHJs may have to pay money back. Initial modeling suggests the amount to be paid or repaid will be minimal.
4. **What are we reconciling?**
 - a. CMS required that all quarters for the periods beginning July 1, 2012 an ending March 31, 2015 be reconciled against the new CAP. Primarily, this includes using the new RMTS results and the new MERs.
5. **Will the claiming data be pre-loaded into the URMTS for the reconciliation?**
 - a. The MER and RMTS results will be pre-loaded. The LHJ must enter the original expenses and funding sources.
6. **Is the time spent performing reconciliation activities an allowable expense that can be direct charged?**
 - a. Yes.
7. **What happens if an LHJ does not complete the reconciliation?**
 - a. The LHJ will be required to pay back 100% of each invoice.

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Audit file

1. **What is the new process for the Audit File?**
 - a. Required invoice documentation will be stored electronically in the URMTS system, and the LHJ will remain responsible for maintain source documentation (such as general ledgers, payroll reports, MER data) locally.
2. **When can historic Audit Files be destroyed?**
 - a. Documentation must be maintained according to the contract terms and the Secretary of State retention schedule.

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Interpreters

1. **How do interpreters become certified?**
 - a. By completing the DSHS testing requirements and receiving DSHS certification.
2. **Are staff who are not certified interpreters allowed to use code 7?**
 - a. No, please train staff that only certified interpreters may use code 7 when providing interpretation. Other staff may use Code 7 when they are arranging for interpretation services.

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Miscellaneous

1. **Is WA Apple Health the same as Medicaid?**
 - a. Yes, Washington has rebranded its Medicaid program. It is now called Washington Apple Health or Apple Health for short.
2. **What does Case Staffing mean on the list of HCA-direct SPMP activities?**
 - a. This is another term for Case Management.
3. **What is a physician extender?**
 - a. A health care provider who is not a physician but who performs medical activities typically performed by a physician. It is most commonly a nurse practitioner or physician assistant.
4. **Will the forms HCA requires be standardized?**
 - a. Yes, HCA has developed official forms which are available on the HCA website.
5. **How will LHJs know documents are official?**
 - a. Official HCA forms have a form number on the front page and will be available on the HCA website.
6. **Is there a list of all acronyms?**
 - a. No, but a one can be created. In the meantime the glossary will be a helpful tool.
7. **Is WIIS the same as child profile immunization registry?**
 - a. Yes, child profile immunization registry was renamed as Washington State Immunization Information System (WIIS).

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Subcontractors

Effective through March 31, 2016 only

1. **Are subcontractor staff who are in the RMTS reported to cost pool 1 or 2?**
 - a. Subcontractor staff costs can only be reported to CP2.
2. **Do subcontracts need be approved before the work can be started?**
 - a. LHJs may not subcontract for MAC without prior written approval from HCA.
3. **Will subcontractor invoices will be online?**
 - a. Yes, all invoicing will be completed electronically through the URMTS system.
4. **Can a subcontractor staff who has costs in the FQHC rate also participate in the MAC program?**
 - a. No.
5. **Do subcontractors complete the A19 or will the LHJ complete it?**
 - a. The LHJ completes it. The subcontractor's MAC costs are included in the LHJ's A19.
6. **Can subcontractors use an indirect cost rate?**
 - a. No, except for federally negotiated rates. These rates are allowed.
7. **Do subcontractors need to include all of the expenses and all of the funding for staff in the RMTS?**
 - a. Yes, you need to include 100% of the expenses and 100% of the costs for these staff.

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Frequently Asked Questions

8. **Is there a conflict if an SPMP is recording non-SPMP training such as for excel?**
 - a. No, SPMP staff should code their training activities using the decision tree released in the late spring of 2015. Some training will be coded to non-MAC activity. Other training, such as the one on Excel, would be coded to general administration and automatically allocated across all activity codes when the invoice is created.
9. **Where should subcontractors report the expensed of contracted translators?**
 - a. CP6. These staff must meet the DSHS interpreter qualifications.
10. **Will subcontractors continue to participate in the MAC program under the new CAP?**
 - a. Yes.

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